

Case Number:	CM14-0157448		
Date Assigned:	09/30/2014	Date of Injury:	01/17/2014
Decision Date:	12/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year-old patient sustained an injury on 1/17/14 while employed by [REDACTED]. Request(s) under consideration include MRI Lumbar spine QTY: 1. Diagnoses include Thoracic sprain; Contusion of back; Neck sprain; and Lower leg joint pain. Report of 3/28/14 noted patient with neck pain rated at 6/10; left shoulder pain rated at 5/10, left knee pain rated at 7/10, left hip pain rated at 6/10, and low back pain rated at 7/10 radiating down both legs. Past medical history noted hypertension, diabetes, depression/anxiety and lack of sleep. Exam of the low back noted limited flex/ext/bending range of 50/20/30 degrees; positive SLR on left at 75 degrees; tightness and spasm at paraspinal musculature with tenderness at sciatic notch/ nerve area or PSIS; hypoesthesia at anterolateral foot and ankle of "an incomplete nature at L5 and S1 dermatome level, bilaterally" and diffuse motor weakness of 3-5/5 in bilateral lower extremities. The patient had previous MRI of the lumbar spine dated 4/22/14 that showed disc desiccation at L4-S1, grade 1 anterolisthesis of L5/S1 without evidence of pars fracture; diffuse disc protrusion at L4-5 and L5-S1 without canal or neural foraminal stenosis. Current report is without documented change in symptoms or clinical findings with request for lumbar spine MRI. The request(s) for MRI Lumbar spine QTY: 1 was non-certified on 9/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the lumbar spine QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM; Occupational Medical Practice Guidelines, Second Edition (2004), Chapter Low Back, page 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine recently performed in April 2014 nor document any specific changed clinical findings or progressive neurological deficits of red-flag conditions to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar spine QTY: 1 is not medically necessary and appropriate.